

PROFORMA - I

Remarks/assessment of Chief Medical Officer/Chief Medical Superintendent along with verified/countersigned papers

I, Navin Kumar Giri [Name] CMO/CMS, (Nodal officer)
have perused the documents presented before me by Sri ANJANI KUMAR [Name]
of the Officer], ID No. UP2756 Designation A.D.J./Addl. Spl. Judge, POCSO Act,
and place of posting PRAYAGRAJ OR on his behalf by Court-2, Prayagraj
Sri Relation with the officer
Phone No.

I. I have personally examined Sri/Smt./Sushri. ADITYA MISHRA
who is suffering from the disease/syndrome/disability AUTISM
[Name of the disease] and in my opinion he/she may require
frequent hospitalization for treatment/management.

II. I also verify that Sri/Smt./Sushri. ADITYA MISHRA is
suffering from the disease/syndrome/disability/disorder AUTISM
[Name of the disease] and the disease(s) find(s) mention at
paragraph no. XIV of the Annexure-I enclosed herewith.

III. In my professional opinion and assessment, I am convinced that the
treatment/management of the above-mentioned disease/syndrome/
disability/disorder in paragraph two above is possible at the districts
mentioned by the officer in his/her application submitted to Hon'ble
High Court.

IV. The treatment/management of the above-mentioned disease/
syndrome/disability/disorder in paragraph two above is also available
at the districts namely Varanasi

V. I am aware that this document may be presented by the competent
authority/applicant for further use by a competent Medical Board.

VI. This document shall be valid only for 18 months only.

Signature with seal
(C.M.O./C.M.S.)

Name: डा० नवीन कुमार गिरि
ID No.:
Designation: नोडल अधिकारी मेडिकल बोर्ड
Telephone No. कृते मुख्य चिकित्सा अधिकारी
Mobile No. प्रयागराज

(9450616616)

1. Concerned District Judge/Officers in equivalent rank to get these matter expedited from the office of CMO/CMS.
2. The CMO/CMS are requested to retain the copy of this documents and documents placed before them for issuance of this document for future reference.